

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566901

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1		/			51				
2			/		52				
3				/	53				
4				/	54				
5				/	55				
6				/	56				
7		/			57				
8			/		58				
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42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.			8		TOTAL IND.				
TOTAL DEP.		7			TOTAL DEP.				
TOTAL CLAIMS		9			TOTAL CLAIMS				